



Please type a plus sign (+) inside this box →

2/27/00

Approved for use through 09/30/2000. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

17

Application Number	09/263,801
Filing Date	3/6/99
First Named Inventor	Fish
Group Art Unit	2711
Examiner Name	
Attorney Docket Number	SGUS0007

RECEIVED

TC 2700 MAIL ROOM
MAY - 5
2000

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Robert C. Ryan
Signature	
Date	2/27/00

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 2/23/00

Typed or printed name	Susan Koonce
Signature	
Date	2/23/00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/17 (12/99)
Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$ 696)

Complete if Known	
Application Number	09/263,801
Filing Date	3/6/99
First Named Inventor	Fish
Examiner Name	
Group / Art Unit	2711
Attorney Docket No.	SGUS0007

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																																		
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:		3. ADDITIONAL FEES																																		
Deposit Account Number		Large Entity	Small Entity																																	
		Fee Code (\$)	Fee Code (\$)																																	
		Fee (\$)	Fee (\$)																																	
		Fee Description																																		
		Fee Paid	Fee Paid																																	
2. <input checked="" type="checkbox"/> Payment Enclosed:		<input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other																																		
FEE CALCULATION																																				
1. BASIC FILING FEE																																				
<table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th colspan="2">Fee Description</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th colspan="2">Fee Description</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>690</td> <td>201</td> <td>345</td> <td>Utility filing fee</td> </tr> <tr> <td>106</td> <td>310</td> <td>206</td> <td>155</td> <td>Design filing fee</td> </tr> <tr> <td>107</td> <td>480</td> <td>207</td> <td>240</td> <td>Plant filing fee</td> </tr> <tr> <td>108</td> <td>690</td> <td>208</td> <td>345</td> <td>Reissue filing fee</td> </tr> <tr> <td>114</td> <td>150</td> <td>214</td> <td>75</td> <td>Provisional filing fee</td> </tr> </tbody> </table>				Large Entity	Small Entity	Fee Description		Fee Code (\$)	Fee Code (\$)	Fee Description		101	690	201	345	Utility filing fee	106	310	206	155	Design filing fee	107	480	207	240	Plant filing fee	108	690	208	345	Reissue filing fee	114	150	214	75	Provisional filing fee
Large Entity	Small Entity	Fee Description																																		
Fee Code (\$)	Fee Code (\$)	Fee Description																																		
101	690	201	345	Utility filing fee																																
106	310	206	155	Design filing fee																																
107	480	207	240	Plant filing fee																																
108	690	208	345	Reissue filing fee																																
114	150	214	75	Provisional filing fee																																
SUBTOTAL (1) (\$)																																				
2. EXTRA CLAIM FEES																																				
<table border="1"> <thead> <tr> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims 50 -20** = 30</td> <td>x 18</td> <td>= 540</td> </tr> <tr> <td>Independent Claims 5 -3** = 2</td> <td>x 78</td> <td>= 156</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> </tr> </tbody> </table>				Extra Claims	Fee from below	Fee Paid	Total Claims 50 -20** = 30	x 18	= 540	Independent Claims 5 -3** = 2	x 78	= 156	Multiple Dependent																							
Extra Claims	Fee from below	Fee Paid																																		
Total Claims 50 -20** = 30	x 18	= 540																																		
Independent Claims 5 -3** = 2	x 78	= 156																																		
Multiple Dependent																																				
**or number previously paid, if greater; For Reissues, see below																																				
Large Entity Small Entity																																				
<table border="1"> <thead> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th colspan="2">Fee Description</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>102</td> <td>78</td> <td>202</td> <td>39</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>104</td> <td>260</td> <td>204</td> <td>130</td> <td>Multiple dependent claim, if not paid</td> </tr> <tr> <td>109</td> <td>78</td> <td>209</td> <td>39</td> <td>** Reissue independent claims over original patent</td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table>				Fee Code (\$)	Fee Code (\$)	Fee Description		103	18	203	9	Claims in excess of 20	102	78	202	39	Independent claims in excess of 3	104	260	204	130	Multiple dependent claim, if not paid	109	78	209	39	** Reissue independent claims over original patent	110	18	210	9	** Reissue claims in excess of 20 and over original patent				
Fee Code (\$)	Fee Code (\$)	Fee Description																																		
103	18	203	9	Claims in excess of 20																																
102	78	202	39	Independent claims in excess of 3																																
104	260	204	130	Multiple dependent claim, if not paid																																
109	78	209	39	** Reissue independent claims over original patent																																
110	18	210	9	** Reissue claims in excess of 20 and over original patent																																
SUBTOTAL (2) (\$ 696)																																				
* Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)																																				

SUBMITTED BY		Complete if applicable	
Name (Print/Type)	Robert C. Ryan	Registration No. (Attorney/Agent)	29,343
Signature		Telephone	775-686-5050
		Date	2/22/00

WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.